

Foundations of HIV Today

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Canada's source for
HIV and hepatitis C
information

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Agenda

- **Overview of the workshop**
- **Health Equity in HIV**
- **HIV Foundations – Key messages on transmission, prevention, testing, and treatment**
- **Working in Community - pre and post-testing conversations, linking to care, how we fit in**
- **Q & A**

HIV and health equity

- Certain populations are **overrepresented** in the HIV epidemics in Canada because they disproportionately experience a range of structural and social factors that can create health inequities - which are unfair differences in health status.
- These factors and the resulting inequities can **increase vulnerability** to HIV and other STBBIs, create barriers to health services, and lead to poorer health outcomes for people diagnosed with and those living with HIV.

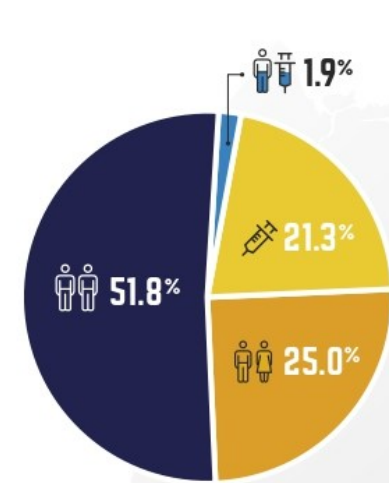
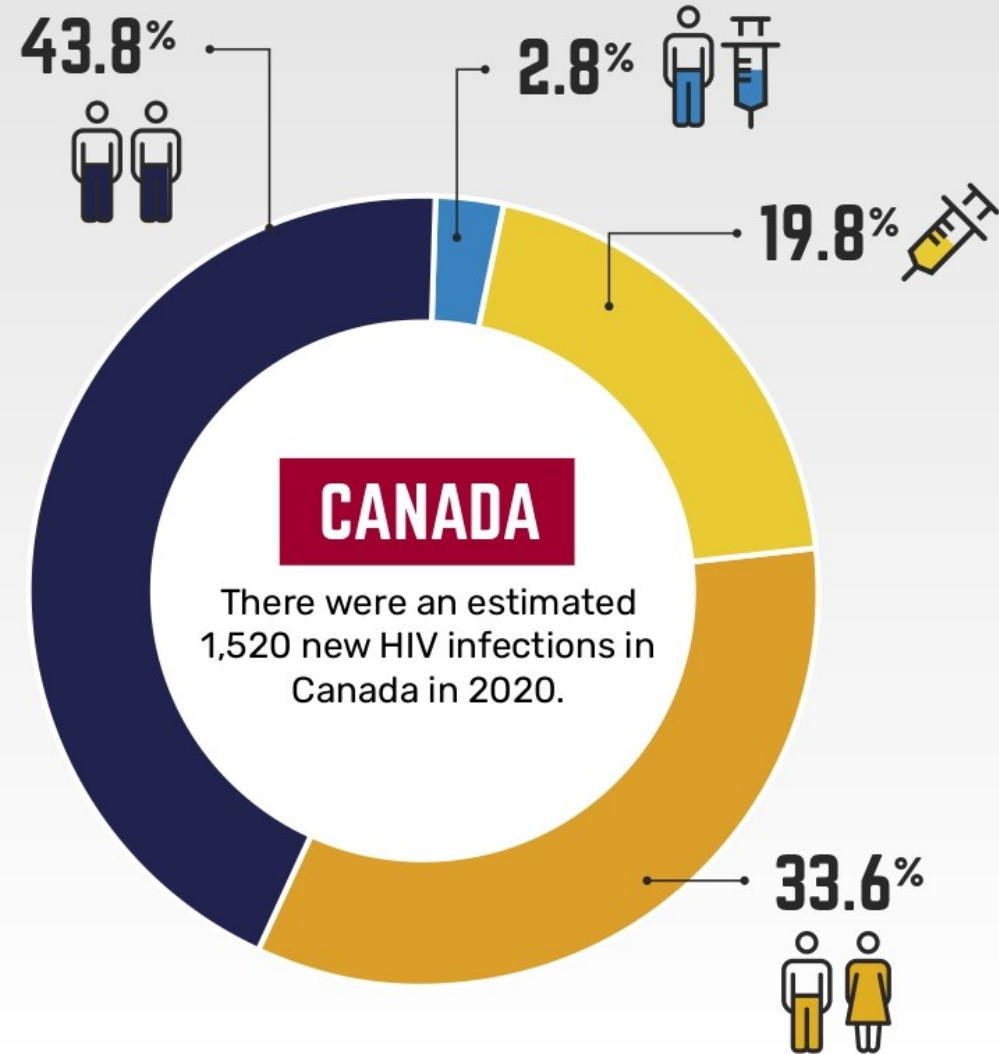
NEW HIV INFECTIONS IN CANADA



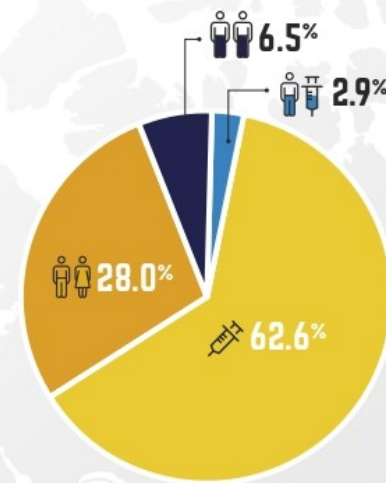
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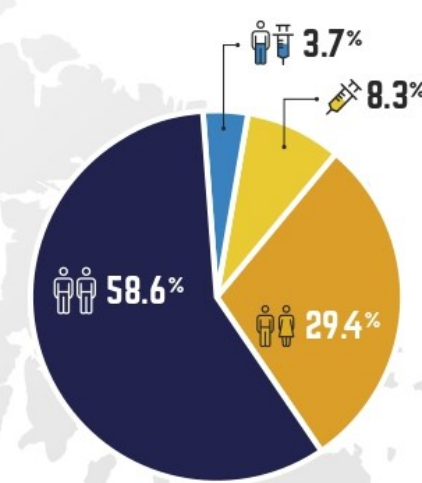
Canada doesn't have a single HIV epidemic. New infections happen through different modes of transmission across the country.



BRITISH COLUMBIA
(of an estimated 108 new HIV infections)



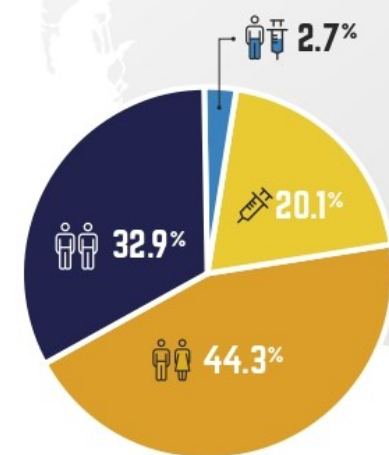
SASKATCHEWAN
(of an estimated 214 new HIV infections)



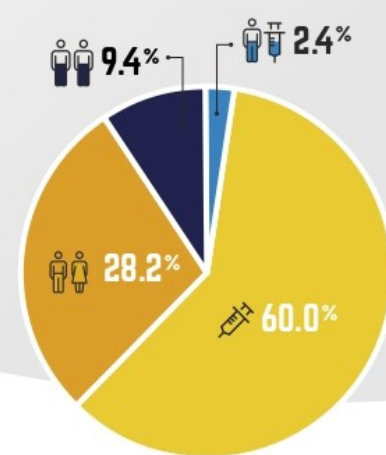
ONTARIO
(of an estimated 507 new HIV infections)



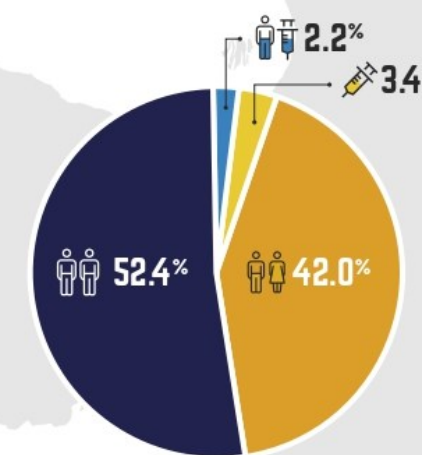
THE TERRITORIES
(of an estimated 2 new HIV infections)



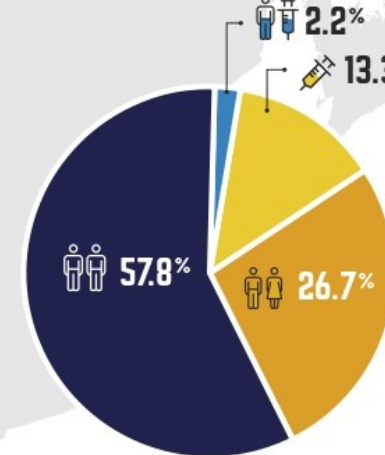
ALBERTA
(of an estimated 149 new HIV infections)



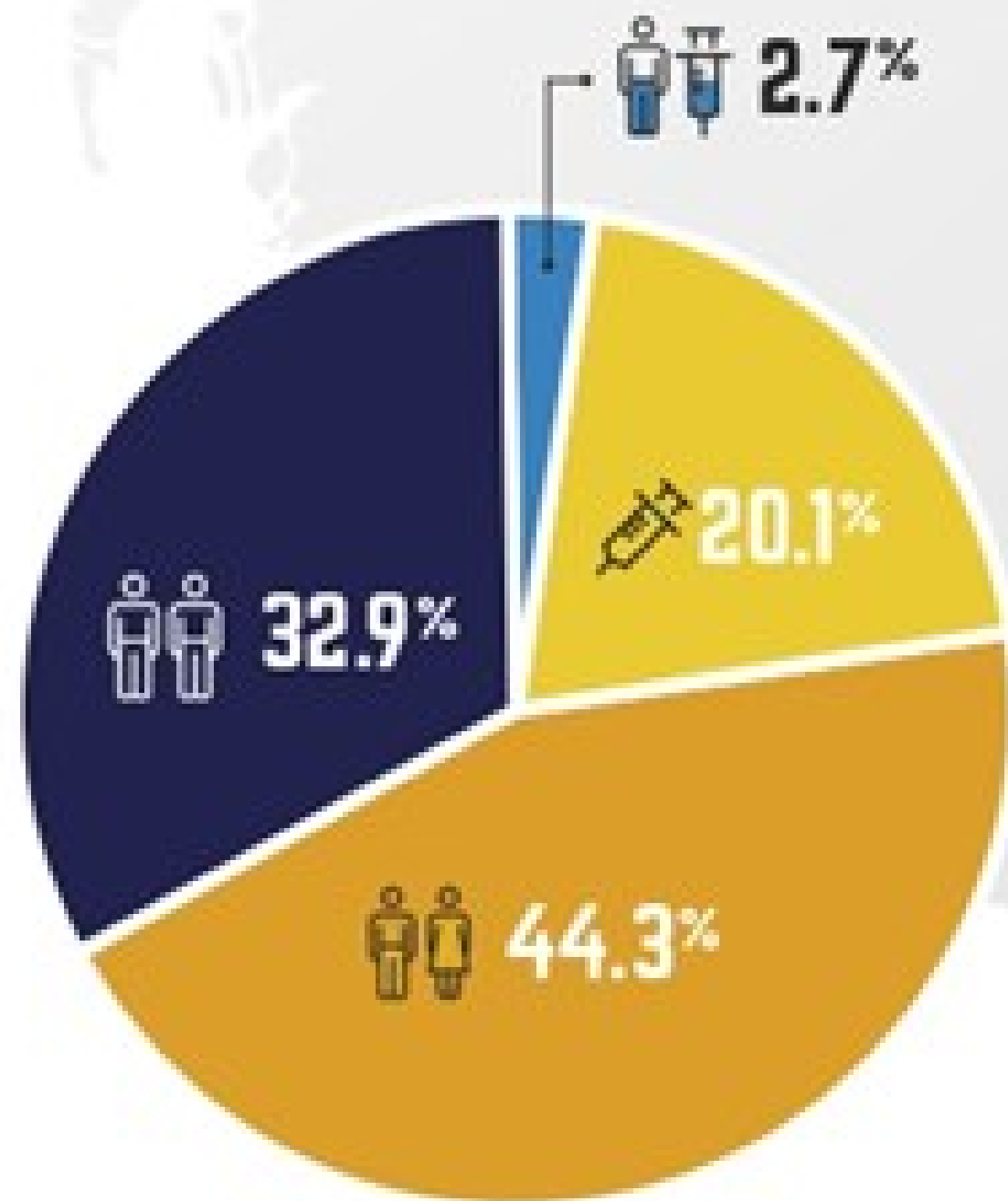
MANITOBA
(of an estimated 85 new HIV infections)



QUEBEC
(of an estimated 410 new HIV infections)



ATLANTIC CANADA
(of an estimated 45 new HIV infections)



ALBERTA

(of an estimated 149 new HIV infections)

Biology of HIV Transmission

Quiz Time!

HIV is a virus that attacks the body's:

- **Circulatory system**
- **Respiratory System**
- **Immune System**
- **Skeletal System**

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True or False: All exposures to HIV will result in an infection.

- **True**
- **False**

True or False: All exposures to HIV will result in an infection.

- True
- **False**

What is the estimated proportion of people living with HIV in Canada that don't know they have HIV?

- 10%
- 25%
- 31%
- 41%

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How long does it usually take for a person living with HIV to have an undetectable viral load after starting treatment?

- **7 – 10 Days**
- **2 – 4 Weeks**
- **2 – 4 Months**
- **3 – 6 Months**

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True or False:
People living with
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What's the difference between HIV and AIDS?

How does an HIV infection occur?

HIV transmission equation



Most exposures to HIV do not lead to infection because it is difficult for HIV to complete the steps required for infections to take place.

Exposure ≠ Infection



HIV cannot be passed by

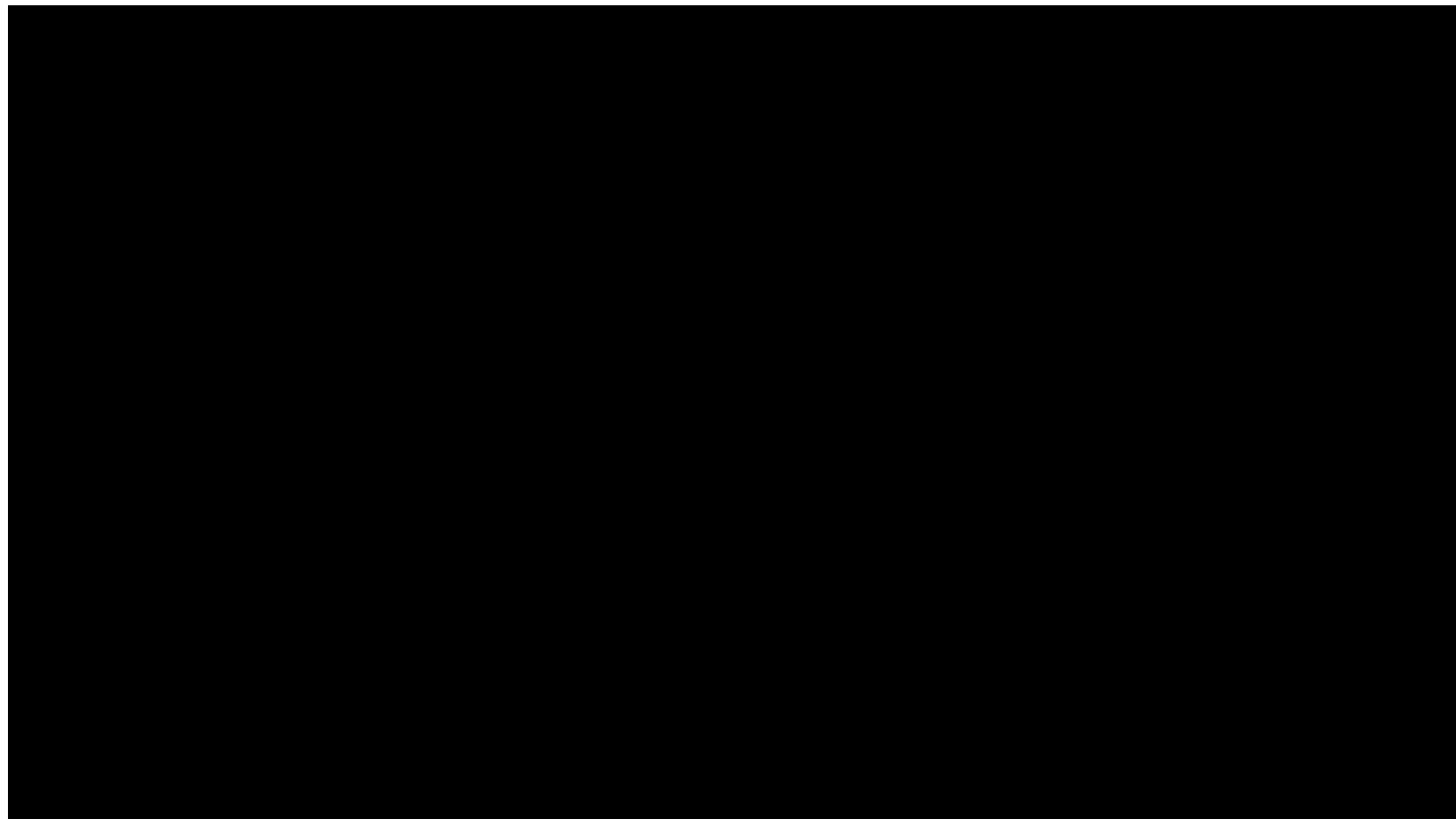
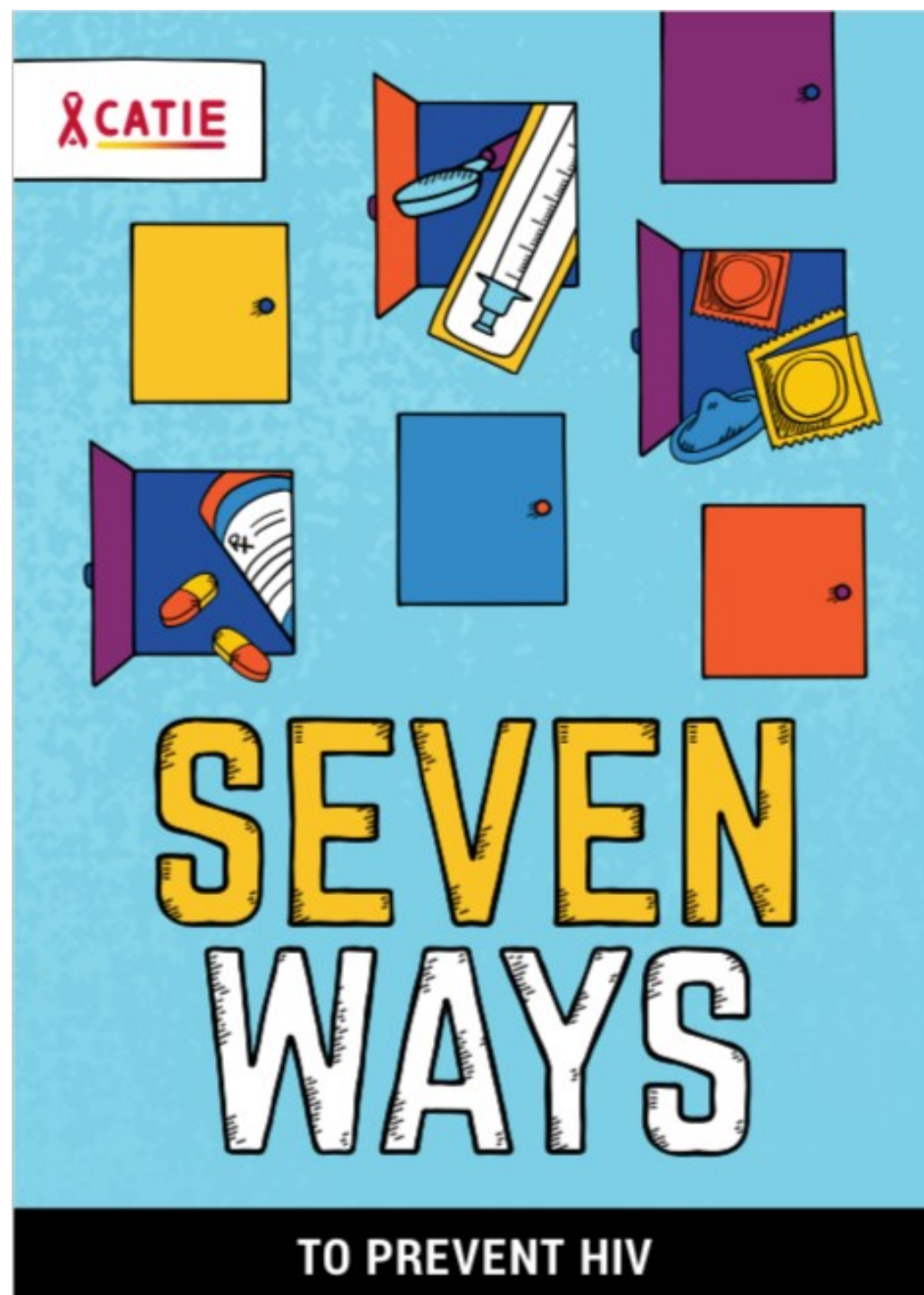
- Talking, shaking hands, working, or eating with someone who has HIV
- Hugs or kisses
- Coughs or sneezes
- Swimming pools
- Toilet seats or water fountains
- Bedsheets or towels
- Insects or animals
- Forks, spoons, cups, or food

Stigma can feed myths about HIV

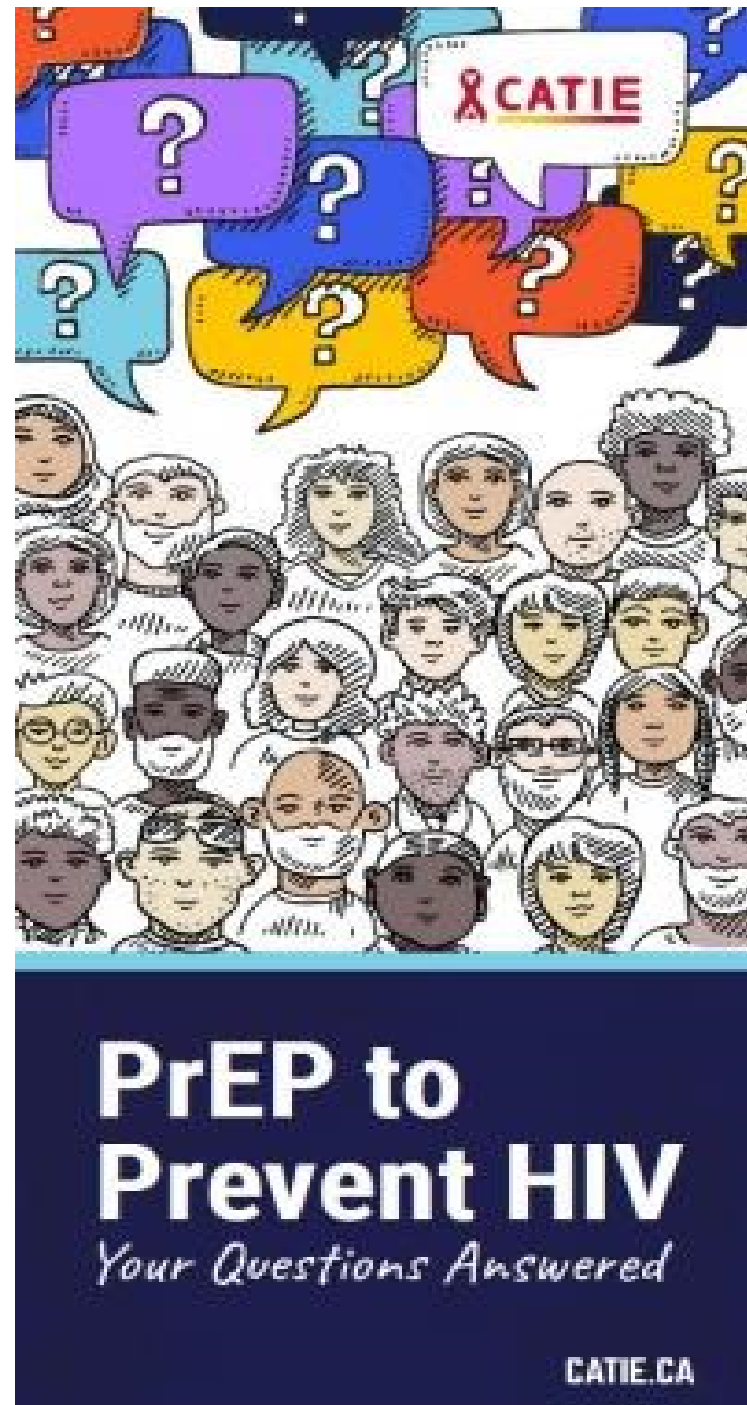
Activities with the highest chance of transmitting HIV

In Canada, the activities that most commonly bring the fluid and route together are:

- **sex** without the use of prevention strategies
- sharing of **injection drug use** equipment, such as needles and cookers.

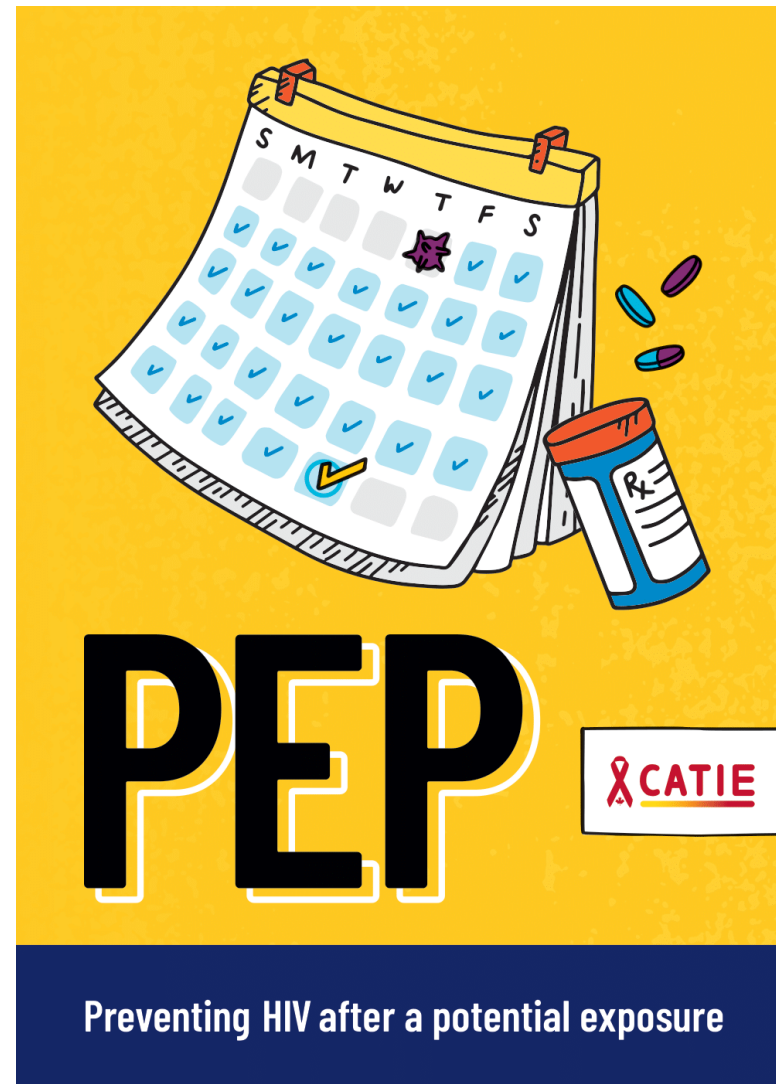


Pre-exposure prophylaxis (PrEP)



- Taken **before and after** potential exposure to HIV
- Used by people who are **HIV-negative** to help prevent them from getting HIV
- PrEP is for **anyone** at risk for HIV
- Usually taken **every day** on an ongoing basis
- A combination of **2 HIV medications**

Post-exposure prophylaxis (PEP)



- PEP is used by people who are **HIV-negative** to help prevent them from getting HIV
- Taken as soon as possible after a potential exposure to HIV, up to a maximum of **72 hours**
- Taken every day for **28 days**
- PEP is for **anyone** at risk for HIV
- A combination of **3 HIV medications**
- Intended to be used to prevent HIV transmission from a **single exposure**

U = U

An undetectable viral load has two important benefits:

- It helps people with HIV live long and healthy lives
- Helps prevent transmitting HIV to others

When someone is on HIV treatment and maintains an undetectable viral load:

- They will not transmit HIV through sex.
- Throughout their pregnancy, they will not transmit HIV to their baby through pregnancy or delivery.
- The chance of transmitting HIV through breastfeeding is very low.
- The chance of transmitting HIV from sharing equipment for using drugs is also reduced but we don't know exactly by how much.

HIV testing

Select all that apply.
How can someone know if they
have HIV?

- a) HIV test
- b) Appearance of flu-like symptoms
- c) Appearance of a rash
- d) Sudden onset of swollen lymph nodes

Why get tested for HIV?

There are three main benefits of getting tested for HIV!

Know Your Status

Testing is the only way to know for sure if a person has HIV.

Better Health Outcomes

Early diagnosis leads to better health outcomes by enabling access to care and treatment.

Access Additional Services

Testing is an important entry point to prevention services for people who test negative but are at ongoing risk.



How can a person get tested for HIV in Canada?

The two most common tests are standard blood tests and rapid tests.

- **Standard test through blood draw**
- **Rapid point-of-care test**
- **Self testing**
- **Dried blood spot (DBS) testing**

The window period

- No test can detect HIV immediately after infection. This concept is known as the **window period**.
- The window period can vary between two weeks and three months.
- The period of time from when a person is **exposed** to HIV to the time when an HIV infection can be **detected** by a test.
- If the person has a negative test result but is in the window period, then they should be advised when to test again to get a definitive result.

What is HIV Self-Testing?

- With a self-test, an individual conducts the using a blood sample from a finger prick.
- A positive result needs to be confirmed by a standard laboratory HIV test.



Are self-tests easy for people to use correctly?

- Self-tests available in Canada are easy to use, with clear instructions included with each test.
- When used correctly, self-tests will give the same results as a rapid test given by a health care provider



www.catie.ca/hiv-self-testing-0

Confirmatory Testing

- It is important to remember that after a screening test (such as a self-test) is reactive for HIV, a confirmatory test is needed to get an accurate diagnosis



HIV testing is an important entry point for people into services such as:

- **Treatment**
- **Prevention**
- **Harm reduction**
- **Housing**

HIV treatment

HIV treatment is a lifesaver

There is no cure for HIV but there are medications that can keep the virus under control and allow a person with HIV to stay healthy.

When should HIV treatment be started?

- People should start HIV treatment **as soon as possible** after diagnosis.
- The earlier HIV treatment is started, the better the **health outcomes** for people living with HIV.
- However, the **decision** to start treatment belongs to the person living with HIV.
- It is important that people are ready to make the **commitment** to taking HIV treatment on a regular basis.

How does HIV treatment work?

- HIV treatment **suppresses** the amount of HIV in a person's body by preventing HIV from making copies of itself
- HIV treatment works **quickly** to dramatically slow down viral replication and lower viral load
- Typically, viral loads become **undetectable** within 3–6 months of starting treatment
- HIV treatment allows the immune system to **regain its strength**, increases CD4+ cells and reduces the risk of serious infection
- **Symptoms** of HIV infection diminish or disappear

The goal of HIV treatment

- The goal of HIV treatment is to **stop the viral replication process** and reduce the amount of virus in the body, also known as the viral load, to undetectable levels.
- HIV treatment **does not cure HIV**. Even when the viral load is undetectable, HIV still remains hidden in the body.
- If the **person stops taking their treatment** or does not adhere to their regular treatment schedule, HIV can begin to replicate again, and the viral load will rise.

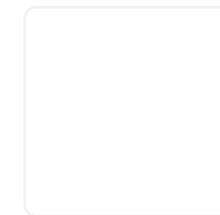
What happens after the test?

Negative Results



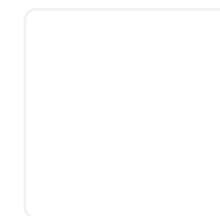
Prevention Education

- Highly effective prevention strategies, the biology of transmission and risk, when to test again, etc.



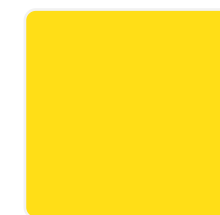
Access and Referrals to Prevention Resources

- PrEP, PEP, condoms, TasP, harm reduction



Support for Other Priorities

- E.g. housing, income, health care, etc.



Repeat Testing

- Window periods
- Testing for other Sexually Transmitted Infections (STI)

Ongoing Conversations About Testing and Prevention

- Linkage to care and services before, and after, a test
- Often, clients will not share a negative test result with us
- Prevention education and support at every stage of the continuum, not just after a negative result!



Positive Results

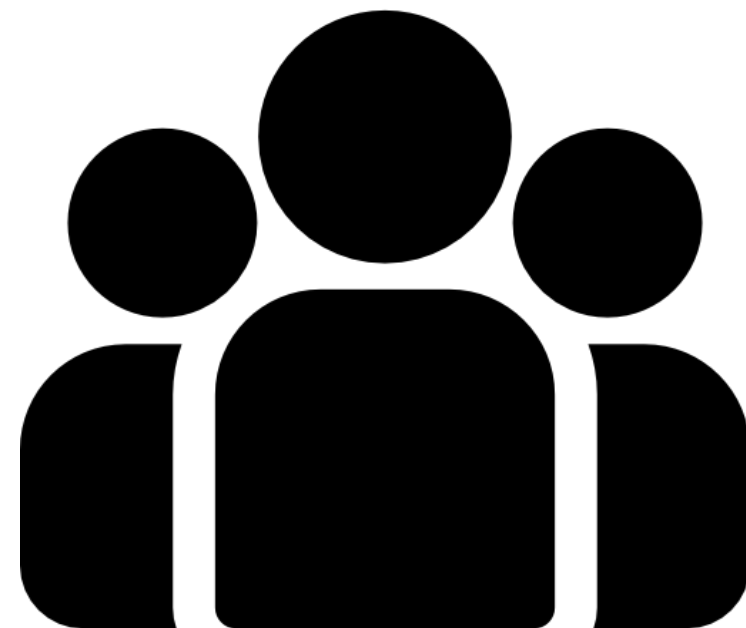
- Post-test counselling tailored to a positive diagnosis of HIV:
 - Comprehensive linkage to care and treatment services
 - Education and awareness about the diagnosis and living well
 - Referrals to prevention and care services
 - Access to resources for care and treatment



Making Space for Emotions

How do you make space to support a client through challenging emotions or the experience of a positive diagnosis?

How can you support a client after a positive test result?



Positive Diagnosis: Care and Support

How can you support a client who has recently learned of their positive test result?

Learn their priorities

- Housing, questions about disclosure, other health priorities?

Emotional support

- Counselling, peer groups, support groups
- Ongoing check-ins with them after a diagnosis

Education about their diagnosis and treatment

- What will treatment look like? What are considerations for a positive diagnosis on other health conditions or priorities? (e.g. having a baby, co-infection, etc.)
- Research, peer groups, accompaniment to medical appointments



Linkage to Care and Supports

How can we support clients to be linked to care and treatment after a positive diagnosis?

Removing barriers to care and treatment

- Facilitating referrals to specialists, accompaniment or transportation to meetings, helping to set up testing appointments

Health Navigation

- Connection with peer supports, health navigators or case managers to facilitate linkage and connection

Follow Up

- Outreach to those who do not engage in care within one month of diagnosis
- Check-ins to monitor successful entry into care and treatment provision

Advocacy

- Developing relationships with treatment providers and advocating on behalf of clients

Supporting linkage to care

What could this look like in your role?

Questions?



Thank You!
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